

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

FRIENDS OF ALEXANDRA

ADDRESS (number and street)

PO BOX 18071

Check if different
than previously
reported. (ACC)

CHICAGO

IL

60618

2. FEC IDENTIFICATION NUMBER ▼

C

C00540609

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

IL

04

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

D D / Y Y Y Y

Y Y Y Y

in the
State of

IL

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

D D / Y Y Y Y

Y Y Y Y

in the
State of

IL

5. Covering Period

M M / D D / Y Y Y Y

11 / 07 / 2012

2012

through

M M / D D / Y Y Y Y

03 / 31 / 2013

2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Marian Mangoubi

Signature of Treasurer

Marian Mangoubi

[Electronically Filed]

Date

M M / D D / Y Y Y Y

01 / 31 / 2014

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

FRIENDS OF ALEXANDRA

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	7		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	3

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	17273.78	17273.78
(b) Total Contribution Refunds (from Line 20(d))	300.00	300.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	16973.78	16973.78
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	7940.20	7940.20
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	7940.20	7940.20
8. Cash on Hand at Close of Reporting Period (from Line 27).....	9033.58	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 14

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

FRIENDS OF ALEXANDRA

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	7		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	3

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

9161.00

9161.00

(ii) Unitemized.....

6398.00

6398.00

(iii) TOTAL of contributions from individuals ▶

15559.00

15559.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

1714.78

1714.78

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

17273.78

17273.78

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

17273.78

17273.78

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 14

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	7940.20	7940.20
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	300.00	300.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	300.00	300.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	8240.20	8240.20

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	17273.78
25. SUBTOTAL (add Line 23 and Line 24).....	17273.78
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8240.20
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	9033.58

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 14

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
FRIENDS OF ALEXANDRA

A. Full Name (Last, First, Middle Initial)
Amy Bossov

Mailing Address 1422 W. Willow St.

City Chicago	State IL	Zip Code 60642
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Yes Promotions	Occupation Business Owner
------------------------------------	------------------------------

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	P(2014)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2013

Transaction ID : SA11AI.4485

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Roger Cady

Mailing Address 3419 W. Irving Park Rd.

City Chicago	State IL	Zip Code 60618
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Grainger	Occupation Web Developer
------------------------------	-----------------------------

Receipt For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Election Cycle-to-Date

1250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 29 / 2013

Transaction ID : SA11AI.4528

Amount of Each Receipt this Period

1250.00

In-kind - Website Services - website design

C. Full Name (Last, First, Middle Initial)
Darryl L. Cheeks

Mailing Address 1480 Renaissance

City Park Ridge	State IL	Zip Code 60068
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Black Rhino Financial	Occupation CPA
---	-------------------

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	P(2014)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2013

Transaction ID : SA11AI.4513

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

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SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 14

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF ALEXANDRA

Full Name (Last, First, Middle Initial)

Donna Coglianese

Mailing Address 611 W Berkley Dr

City

Arlington Heights

State

IL

Zip Code

60004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Creating Healthier Lives Shaklee

Occupation

Director

Receipt For:

☐ Primary☐ General☐ Other (specify)

P(2014)

Election Cycle-to-Date

221.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		08		2013

Transaction ID : SA11AI.4433

Amount of Each Receipt this Period

161.00

Full Name (Last, First, Middle Initial)

Nenos Guiwargis

Mailing Address 5043 Morse Ave

City

Skokie

State

IL

Zip Code

60077

FEC ID number of contributing
federal political committee.

C

Name of Employer

JP Morgan Chase

Occupation

Commercial Banker

Receipt For:

☐ Primary☐ General☐ Other (specify)

P(2014)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		18		2013

Transaction ID : SA11AI.4455

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Farrah Hogan

Mailing Address 38101 N Watts Ave

City

Spring Grove

State

IL

Zip Code

60081-9427

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hogan Construction

Occupation

General Contractor

Receipt For:

☐ Primary☐ General☐ Other (specify)

P(2014)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		22		2013

Transaction ID : SA11AI.4426

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

911.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 14

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF ALEXANDRA

Full Name (Last, First, Middle Initial)

A. Jordan Kemper

Mailing Address 122 Tanglewood Dr

City

Glen Ellyn

State

IL

Zip Code

60137

FEC ID number of contributing
federal political committee.

C

Name of Employer

OneBody, Inc.

Occupation

Entrepreneur

Receipt For:

☐ Primary
☐ Other (specify)

General

P(2014)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2013

Transaction ID : SA11AI.4497

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Sean Lyons

Mailing Address 1255 North Marion Court

City

Chicago

State

IL

Zip Code

60622

FEC ID number of contributing
federal political committee.

C

Name of Employer

Triad Real Estate Partners

Occupation

Commercial Real Estate Sales

Receipt For:

☐ Primary
☐ Other (specify)

General

P(2014)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2013

Transaction ID : SA11AI.4498

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jeanne L. Malnati

Mailing Address 850 W Adams

City

Chicago

State

IL

Zip Code

60607

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Culture Group

Occupation

Consultant

Receipt For:

☐ Primary
☐ Other (specify)

General

P(2014)

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		29		2013

Transaction ID : SA11AI.4444

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF ALEXANDRA

A. Full Name (Last, First, Middle Initial) Tricia Meyer		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2013	
Mailing Address 10250 S. Turner Ave.		Transaction ID : SA11AI.4516	
City Evergreen Park	State IL	Zip Code 60805	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Meyer Law	Occupation Lawyer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) P(2014)	Election Cycle-to-Date 250.00		
B. Full Name (Last, First, Middle Initial) Silas Pepple		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2013	
Mailing Address 2778 N Milwaukee Ave #308		Transaction ID : SA11AI.4525	
City Chicago	State IL	Zip Code 60647	Amount of Each Receipt this Period 2500.00 In-kind - Website Services - website design
FEC ID number of contributing federal political committee. C			
Name of Employer SiPepp Design	Occupation Founder/Web Designer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		
C. Full Name (Last, First, Middle Initial) Elliot Richardson		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2013	
Mailing Address 39 St. Charles Pl.		Transaction ID : SA11AI.4446	
City Highland Park	State IL	Zip Code 60035	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Korey, Cotter, Richardson, Heather LLC	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) P(2014)	Election Cycle-to-Date 500.00		
SUBTOTAL of Receipts This Page (optional).....		3250.00	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ALEXANDRA

A. Full Name (Last, First, Middle Initial) Bradley Shaffnit		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2013	
Mailing Address 2001 Butterfield Road		Transaction ID : SA11AI.4489	
City Downers Grove	State IL	Zip Code 60515	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Shaffnit	Occupation Financial Planner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) P(2014)	Election Cycle-to-Date _____ 500.00		
B. Full Name (Last, First, Middle Initial) Samuel I. Tanios		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2013	
Mailing Address 4642 West Grace		Transaction ID : SA11AI.4470	
City Chicago	State IL	Zip Code 60641	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Human Elements	Occupation Consulting		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) P(2014)	Election Cycle-to-Date _____ 250.00		
C. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period _____
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____		
SUBTOTAL of Receipts This Page (optional).....		_____ 750.00	
TOTAL This Period (last page this line number only).....		_____ 9161.00	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 14

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF ALEXANDRA

A. Full Name (Last, First, Middle Initial) Alexandra C. Eidenberg		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>25</td> <td></td> <td>2013</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	01		25		2013
M M	/	D D	/	Y Y Y Y									
01		25		2013									
Mailing Address 3419 W. Irving Park Rd.		Transaction ID : SA11D.4435											
City Chicago	State IL	Zip Code 60618	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>500.00</td> </tr> </table>					500.00					
				500.00									
FEC ID number of contributing federal political committee. C H4IL04083		Name of Employer The Insurance People											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) P(2014)		Occupation Owner											
Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td>500.00</td> </tr> </table>						500.00	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>500.00</td> </tr> </table>						500.00
				500.00									
				500.00									

B. Full Name (Last, First, Middle Initial) Alexandra C. Eidenberg		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>06</td> <td></td> <td>2013</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	02		06		2013
M M	/	D D	/	Y Y Y Y									
02		06		2013									
Mailing Address 3419 W. Irving Park Rd.		Transaction ID : SA11D.4436											
City Chicago	State IL	Zip Code 60618	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>200.00</td> </tr> </table>					200.00					
				200.00									
FEC ID number of contributing federal political committee. C H4IL04083		Name of Employer The Insurance People											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) P(2014)		Occupation Owner											
Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td>700.00</td> </tr> </table>						700.00	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>200.00</td> </tr> </table>						200.00
				700.00									
				200.00									

C. Full Name (Last, First, Middle Initial) Alexandra C. Eidenberg		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>19</td> <td></td> <td>2013</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	02		19		2013
M M	/	D D	/	Y Y Y Y									
02		19		2013									
Mailing Address 3419 W. Irving Park Rd.		Transaction ID : SA11D.4531											
City Chicago	State IL	Zip Code 60618	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>314.78</td> </tr> </table>					314.78					
				314.78									
FEC ID number of contributing federal political committee. C H4IL04083		Name of Employer The Insurance People											
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation Owner											
Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td>1014.78</td> </tr> </table>						1014.78	In-kind - Parking Expenses <table border="1"> <tr> <td colspan="4"></td> <td>1014.78</td> </tr> </table>						1014.78
				1014.78									
				1014.78									

SUBTOTAL of Receipts This Page (optional).....	<table border="1"> <tr> <td colspan="4"></td> <td>1014.78</td> </tr> </table>					1014.78
				1014.78		
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td colspan="4"></td> <td></td> </tr> </table>					

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 14

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF ALEXANDRA

A. Full Name (Last, First, Middle Initial) Alexandra C. Eidenberg		Date of Receipt M M / D D / Y Y Y Y 02 / 22 / 2013	
Mailing Address 3419 W. Irving Park Rd.		Transaction ID : SA11D.4437	
City Chicago	State IL	Zip Code 60618	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. C H4IL04083			
Name of Employer The Insurance People	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) P(2014)	Election Cycle-to-Date _____ 1514.78		
B. Full Name (Last, First, Middle Initial) Alexandra C. Eidenberg		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2013	
Mailing Address 3419 W. Irving Park Rd.		Transaction ID : SA11D.4438	
City Chicago	State IL	Zip Code 60618	Amount of Each Receipt this Period _____ 200.00
FEC ID number of contributing federal political committee. C H4IL04083			
Name of Employer The Insurance People	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) P(2014)	Election Cycle-to-Date _____ 1714.78		
C. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period _____
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____		
SUBTOTAL of Receipts This Page (optional).....		_____ 700.00	
TOTAL This Period (last page this line number only).....		_____ 1714.78	

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF ALEXANDRA

Full Name (Last, First, Middle Initial)

A. ActBlue

Mailing Address 366 Summer Street

City	State	Zip Code
Somerville	MA	02144

Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2013

Amount of Each Disbursement this Period

123.52

Transaction ID : SB17.4578

B. Roger Cady

Mailing Address 3419 W. Irving Park Rd.

City	State	Zip Code
Chicago	IL	60618

Purpose of Disbursement
In-kind - Website Services - website design

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		29		2013

Amount of Each Disbursement this Period

1250.00

Transaction ID : SB17.4529

c. Alexandra C. Eidenberg

Mailing Address 3419 W. Irving Park Rd.

City	State	Zip Code
Chicago	IL	60618

Purpose of Disbursement
In-kind - Parking Expenses

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: IL District: 04

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		19		2013

Amount of Each Disbursement this Period

314.78

Transaction ID : SB17.4532

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1688.30

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF ALEXANDRA

Full Name (Last, First, Middle Initial)

A. Heather Huldin

Mailing Address 6437 27th St

City	State	Zip Code
Berwyn	IL	60402

Purpose of Disbursement
Consultant - Administrative Assistant

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		31		2013

Amount of Each Disbursement this Period

939.00

Transaction ID : SB17.4585

B. Heather Huldin

Mailing Address 6437 27th St

City	State	Zip Code
Berwyn	IL	60402

Purpose of Disbursement
Consultant - Administrative Assistant

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		19		2013

Amount of Each Disbursement this Period

360.00

Transaction ID : SB17.4586

C. Heather Huldin

Mailing Address 6437 27th St

City	State	Zip Code
Berwyn	IL	60402

Purpose of Disbursement
Consultant - Administrative Assistant

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		19		2013

Amount of Each Disbursement this Period

240.00

Transaction ID : SB17.4587

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

939.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF ALEXANDRA

Full Name (Last, First, Middle Initial)

A. Silas PeppleMailing Address 2778 N Milwaukee Ave
#308

City Chicago State IL Zip Code 60647

Purpose of Disbursement
In-kind - Website Services - website design

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
03	27	2013

Amount of Each Disbursement this Period

\$	2500.00
----	---------

Transaction ID : SB17.4526

B. Mia PhiferMailing Address 535 N Michigan Ave
#809

City Chicago State IL Zip Code 60611

Purpose of Disbursement
Consultant - Campaign Management

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
03	01	2013

Amount of Each Disbursement this Period

\$	2500.00
----	---------

Transaction ID : SB17.4589

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y

Amount of Each Disbursement this Period

\$	
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SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

\$	5000.00
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\$	7627.30
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